

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUL 13 2017
Bayfield Co. Zoning Dept.

Permit #:	17-00916
Date:	8-1-17
Amount Paid:	75-718-17
Refund:	date

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: James Sheekart	Mailing Address: P.O. Box 106 Cornucopia WI 54827	Telephone: 75742394
Address of Property: 20210 S. Siskiwit Shores	City/State/Zip: Cornucopia WI 54827	Cell Phone: 920-530-0948
Contractor: Steve	Contractor Phone: 715-341-1770	Plumber: 715-341-1770
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: 715-341-1770	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits): 30305
Gov't Lot: 1	Lot(s): 1770	Vol & Page: 1770
Section: 20, Township: 50 N, Range: 06 W	Town of: Bay	Lot Size: 9.09
<input checked="" type="checkbox"/> Shoreland →	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: 88 feet
<input type="checkbox"/> Non-Shoreland	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 88 feet
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement
\$600	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> Seasonal <input type="checkbox"/> Municipal/City	What Type of Sewer/Sanitary System Is on the property? <input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<input checked="" type="checkbox"/> Addition/Alteration <input checked="" type="checkbox"/> 2-Story + Loft <input type="checkbox"/> Year Round <input type="checkbox"/> (New) Sanitary Specify Type: 300 H/C	
	<input type="checkbox"/> Conversion <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> 3	
	<input type="checkbox"/> Relocate (existing bldg) <input checked="" type="checkbox"/> No Basement <input checked="" type="checkbox"/> 4	
	<input type="checkbox"/> Run a Business on Property <input type="checkbox"/> Foundation <input checked="" type="checkbox"/> None	
	<input type="checkbox"/> Foundation <input checked="" type="checkbox"/> None	
Existing Structure: (if permit being applied for is relevant to it)	Length: 32	Width: 24
Proposed Construction:	Length: 32	Width: 12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2 nd) Porch	(X)	
	with a Deck	(X)	
	with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X)	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify)	(X)	
	Accessory Building Addition/Alteration (specify) 24 x 32	(24 x 32)	768
	Garage	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James Sheekart Angela Denekani
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

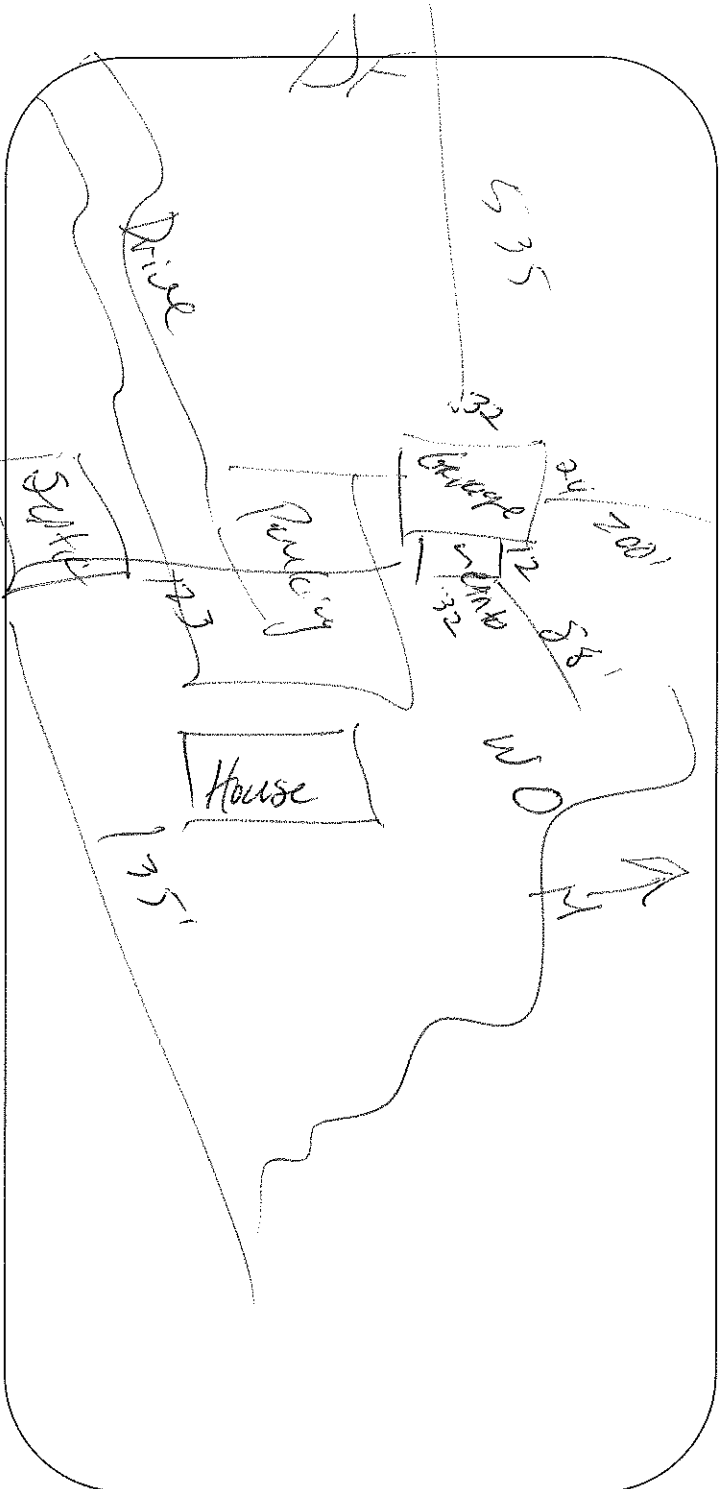
Address to send permit

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
(2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	2466 Feet	Setback from the Lake (ordinary high-water mark)	863 Feet
Setback from the Established Right-of-Way	2400 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	280 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	123 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	535 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	312 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	100 Feet	Setback to Well	30 Feet
Setback to Drain Field	500 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>17-00916</u>		Permit Date: <u>8-1-17</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)						
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Zoning District <u>R-1</u>				
Date of Inspection: <u>7-27-17</u>		Inspected by: <u>JCM/MP/H</u>		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)						
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>7-31-17</u>				
Hold For Sanitary: <input type="checkbox"/> <u> </u>		Hold For TBA: <input type="checkbox"/> <u> </u>		Hold For Affidavit: <input type="checkbox"/> <u> </u>		Hold For Fees: <input type="checkbox"/> <u> </u>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0296** Issued To: **James Steckart & Angela Tenebrini**

Location: - ¼ of - ¼ Section **20** Township **50** N. Range **6** W. Town of **Bell**

Gov't Lot Lot **1** Block Subdivision CSM# **1770**

For: **Residential Accessory Structure Addition: [1- Story; Lean - to (24' x 32') = 768 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 1, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138



APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
JUN 30 2017

Bayfield Co. Zoning Dept.

Permit #:	17-0318
Date:	8-11-17
Amount Paid:	18576-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Catherine G. Anderson Trustee	Mailing Address: 1317 Grantham St. Bel WI 55119	Telephone: 651 845 3262	
Address of Property: 24200 Lupine Ln		City/State/Zip: Cornucopia WI 54827	Cell Phone: 651 214 1130
Contractor: Robert Wodchell	Contractor Phone: 715 364 2454	Plumber: Cady	Plumber Phone: 715 373 2378
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: 1/4, 1/4 Gov't Lot 4		Tax ID# (4-5 digits): 7680	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2012 R-546846
Section 24, Township 51 N, Range 6 W		Town of: Bell	Lot Size: Acreage: 9.6

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue -->	Distance Structure is from Shoreline: 175 feet		

Value at Time of Completion * include donated time & material \$43,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Helidug	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)		
<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet		
				<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 30'	Width: 28'	Height: 28' at peak
Proposed Construction:	Length: 40'	Width: 32'	Height: 28' at peak

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(24 x 24)	576
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	(24 x 24)	
	<input checked="" type="checkbox"/> with a Porch	(24 x 24)	
	<input checked="" type="checkbox"/> with (2nd) Porch	(24 x 24)	
	<input checked="" type="checkbox"/> with a Deck	(32 x 40)	(1280)
	<input checked="" type="checkbox"/> with (2nd) Deck	(32 x 40)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(24 x 24)	10
	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(24 x 24)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(24 x 24)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	(24 x 24)	
	<input type="checkbox"/> Accessory Building (specify) _____	(24 x 24)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(24 x 24)	
	<input type="checkbox"/> Special Use: (explain) _____	(24 x 24)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(24 x 24)	
	<input type="checkbox"/> Other: (explain) _____	(24 x 24)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

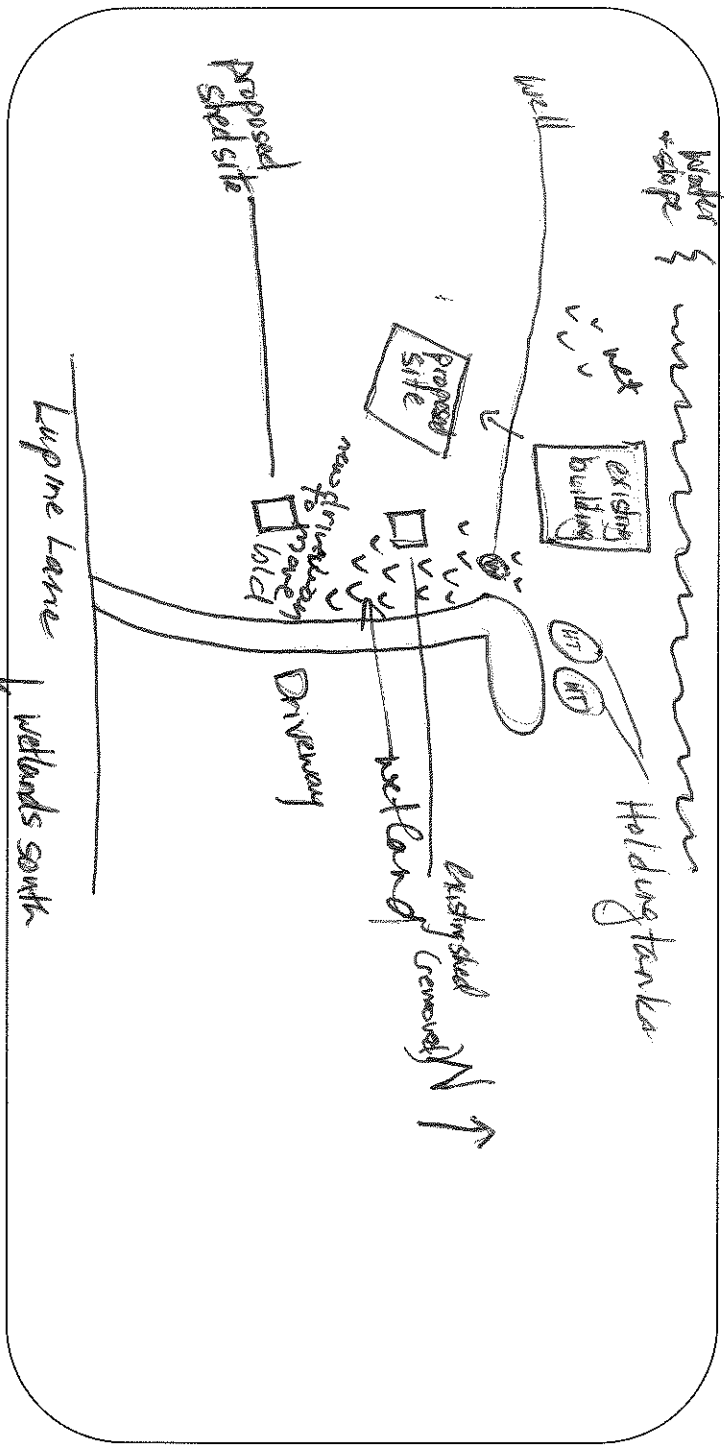
Owner(s): Catherine G. Anderson
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 8-20-17
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____
If you recently purchased the property send your Recorded Deed

318
Zoning
Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of:
 - North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - All Existing Structures on your Property
 - (2) Show / Indicate:
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 - (3) Show Location of (*):
 - (4) Show:
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (5) Show any (*):
 - (6) Show any (*):
 - (7) Show any (*):
 - (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	~ 171 Feet	Setback from the Lake (ordinary high-water mark)	~ 175 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	~ 175 Feet	Setback from the Bank or Bluff	~ 121 Feet
Setback from the South Lot Line	~ 1571 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	~ 120 Feet	20% Slope Area on property	= bank Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Setback from the East Lot Line	~ 160 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	~ 75 Feet	Setback to Well	~ 53 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: 126730	# of bedrooms: 4 to 4	Sanitary Date: 8-11-1989
Permit Denied (Date):	Reason for Denial:		
Permit #: 17-0318	Permit Date: 8-11-17		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/contiguous lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: REPAIRING ROTTER DECK IN THE PROCESS OF THE MOVE. LIKE W/LIKE. KEEPING LEAD - TO DECK SOFS		Zoning District (R.B3)	
Date of inspection: 9-21-17-26-17	Inspected by: JENNERSTH	Lakes Classification (1.5 pond)	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)		Date of Re-inspection:	
Signature of Inspector:		Date of Approval: 8-10-17	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

upon receipt signature

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 126730 (Reconnect)
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0318** Issued To: **Catherine Anderson**

Location: - ¼ of - ¼ Section **24** Township **51** N. Range **6** W. Town of **Bell**

Par in

Gov't Lot **4** Lot Block Subdivision CSM#

For: **Residential Use: [1.5 - Story; Relocate Residence with Deck (32' x 40') = 1,280 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Wetland East of drive (flagged) must be avoided during the moving process. New driveway in upland location (also flagged) should be used to access the building. Building sewer shall be frost protected.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 11, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUL 25 2017
Bayfield Co. Zoning Dept.

Permit #:	17-0319
Date:	8-11-17
Entered amount Paid:	600 7-26-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Christine Harbush-Royle</u>	Mailing Address: <u>1822 Cedarview Dr.</u>	City/State/Zip: <u> Fond du Lac WI 54703</u>	Telephone: _____
Address of Property: <u>21036 Blueberry Ln.</u>	City/State/Zip: _____	Cell Phone: <u>715-456-7966</u>	
Contractor: <u>Extreme Measures Bldg Sves.</u>	Contractor Phone: <u>715-692-5019</u>	Plumber: <u>WJT</u>	Plumber Phone: <u>715-746-2284</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>William Erickson</u>	Agent Phone: <u>715-692-5019</u>	Agent Mailing Address (Include City/State/Zip): <u>3800 State Hwy 137 Ashland, WI 54806</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>Sec 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-042-251-06-33-2</u>	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
Gov't Lot <u>4</u>	Lot(s) <u>45</u>	CSM _____	Vol & Page _____
Section <u>33</u> , Township <u>S1</u> N. Range <u>06</u> W	Town of: <u>Bell</u>	Lot(s) No. _____	Block(s) No. _____
Subdivision: _____	Lot Size _____	Acreage <u>1.21</u>	

<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distance Structure is from Shoreline: <u>225</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes--continue <input type="checkbox"/> No	Distance Structure is from Shoreline: <u>225</u> feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>200K</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>26</u> / <u>5</u>	Width: <u>52</u>	Height: <u>15</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input checked="" type="checkbox"/> with a Porch	with (2 nd) Deck	(<u>26</u> X <u>42</u>)	<u>1092</u>
<input checked="" type="checkbox"/> Rec'd for Issuance	with a Deck	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input checked="" type="checkbox"/> AUG 10 2017	with (2 nd) Deck	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input type="checkbox"/> Secretarial Staff	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input type="checkbox"/> Mobile Home (manufactured date) _____	Addition/Alteration (specify) _____	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input type="checkbox"/> Accessory Building (specify) _____	Accessory Building Addition/Alteration (specify) _____	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input type="checkbox"/> Special Use: (explain) _____	Conditional Use: (explain) _____	(<u>26</u> X <u>40</u>)	<u>1040</u>
<input type="checkbox"/> Other: (explain) _____		(<u>26</u> X <u>40</u>)	<u>1040</u>

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Christine Harbush-Royle Date: 7-25-17
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: William Erickson Date: 7-25-17
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: _____ Attach _____
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	210' Feet	Setback from the Lake (ordinary high water mark)	225' Feet
Setback from the Established Right-of-Way	177' Feet	Setback from the River, Stream, Creek	- Feet
		Setback from the Bank or Bluff	- Feet
Setback from the North Lot Line	225' Feet	Setback from Wetland	25' Feet
Setback from the South Lot Line	341' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the West Lot Line	10' Feet	Elevation of Floodplain	600.5 Feet
Setback from the East Lot Line	44' Feet		
Setback to Septic Tank or Holding Tank	- Feet	Setback to Well	20' Feet
Setback to Drain Field	- Feet		
Setback to Privy (Portable, Composting)	- Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

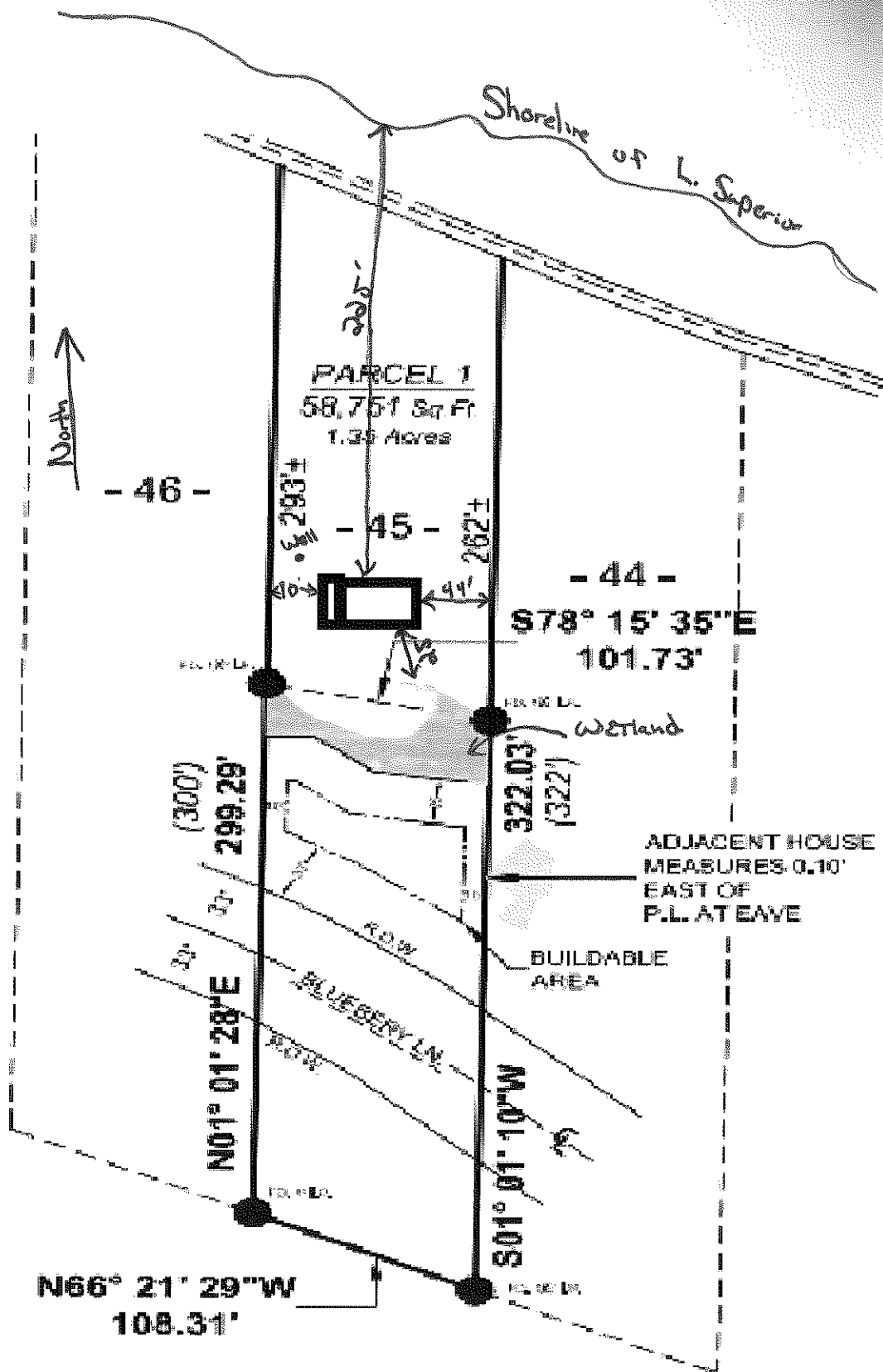
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:		Municipal approval attached		
Permit #: 17-08319	Permit Date: 8-11-12	less than 10% of driveway				
Is Parcel a Sub-Standard Lot	<input checked="" type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Delination flags on site. monuments marked & found. Building site flagged		Zoning District	(R-1)			
Date of Inspection: 8-9-12	Inspected by: J. M. M. D.	Lakes Classification	(1) Superuser			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If No they need to be attached		DATE OF APPROVAL: 8-18-12				
VDC PERMIT + INSPECTIONS REQUIRED. WETLAND FILE SHALL BE WITH THE PERMITS AS WORK PERMIT FOR DRIVEWAY. BUILDING, INCLUDING EXT + FURTHER EXTENSIONS, SHALL BE A MINIMUM OF 10 FT TO SIDE PROPERTY LINE + 25 FT FROM WETLAND AS PROPOSED.						
Signature of Inspector:		Date of Approval: 8-18-12				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

RECEIVED
JUL 25 2011
Bayfield Co. Zoning Dept.



City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – City
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0319** Issued To: **Christine Hambuch Boyle / Bill Erickson, Agent**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **33** Township **51** N. Range **6** W. Town of **Bell**

Gov't Lot **4** Lot **45** Block Subdivision CSM#

For: **Residential Use: [1- Story; Residence (26' x 40') = 1,040 sq. ft.; Porch (26' x 12') = 312 sq. ft.]**
Total Overall = 1,352 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspections required. Wetland fill shall be within the parameters of WDNR permit for driveway. Building, including eave and furthest extensions, shall be a minimum of 10 feet to side property line and 25 feet from wetland as proposed.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

August 11, 2017

Date